


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90149 033 ****61.25

DOCUMENT # 740603 1. Entity Name PORT CANAVERAL YACHT CLUB, INC.					
Principal Place of Business 910 MULLET DRIVE CAPE CANAVERAL FL 32920 US				Mailing Address P.O. BOX 156 CAPE CANAVERAL FL 32920 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2448202 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent O' SHAUGHNESSY, EDWARD 715 LAKE WOOD CIRCLE MERRITT ISLAND FL 32952				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>HARVEY TRIPLETT</u> <u>Harvey Triplett</u> <u>4-17-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	2V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> 1st VICE COMMODORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAJAC, BILL		NAME	VICTOR MONTES-JORDON	
STREET ADDRESS	5803 N. BANANA RIVER BLVD #1017		STREET ADDRESS	710 WICKHAM LAKE DR	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP	VIERA, FL 32940	
TITLE	2NDV	<input checked="" type="checkbox"/> Delete	TITLE	2nd VICE COMMODORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIPLETT, HARVEY		NAME	BILL KEY	
STREET ADDRESS	536 BEACH PARK LANE		STREET ADDRESS	4005 AURANTIA RD.	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP	MIMS, FL 32754	
TITLE	FC	<input checked="" type="checkbox"/> Delete	TITLE	FLEET CAPTAIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKBANK, MARK		NAME	CHARLEY STUARD	
STREET ADDRESS	PO BOX 320304		STREET ADDRESS	P.O. BOX 541755	
CITY-ST-ZIP	COCOA BEACH FL 32932		CITY-ST-ZIP	MERRITT IS, FL 32154	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	COMMODORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'SHANGHNESSY, EDWARD		NAME	HARVEY TRIPLETT	
STREET ADDRESS	715 LAKE WOOD CIR		STREET ADDRESS	536 BEACH PARK LANE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JOHN		NAME	-VACANT	
STREET ADDRESS	174 A SEMORAN COMMERCE PL #102		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PAT SMALL (PATRICIA)	
STREET ADDRESS			STREET ADDRESS	67 SUNSET DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	TITUSVILLE, FL 32780	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harvey Triplett HARVEY TRIPLETT 4-17-06 321-784 2252

ATTACHMENT

40064568

740603

Addition:

Rear Commodore

JoAnn Leisen

9307 Pecky Cypress Way

Orlando, FL 32836

Addition:

Accounts Treasurer

Tom North

5217 Driscoll Ct.

Orlando, FL 32812

Addition:

Master At Arms

Dan Blougouras

P.O. Box 177

Cape Canaveral, FL 32920